

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90203 032 ***150.00

DOCUMENT # 817439

1. Corporation Name

CIGNA FIRE UNDERWRITERS INSURANCE COMPANY

Principal Place of Business

**TWO LIBERTY ST
1601 CHESTNUT ST
PHILADELPHIA PA 19192**

Mailing Address

**1601 CHESTNUT ST
TL21G
PHILADELPHIA PA 19192
US**

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

**THE INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32304**

3. Date Incorporated or Qualified

10/24/1963

4. FEI Number

06-6032187

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	ISOM, GERALD A	
STREET ADDRESS	1601 CHESTNUT ST.	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FRANKLIN, RICHARD C	
STREET ADDRESS	1601 CHESTNUT ST.	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	GARRETT, KENNETH R	
STREET ADDRESS	1601 CHESTNUT ST	
CITY-ST-ZIP	PHILADELPHIA, PA 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	STAGIANO, JOSEPH J	
STREET ADDRESS	1601 CHESTNUT ST	
CITY-ST-ZIP	PHILADELPHIA, PA 19192	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MULLIGAN, GEORGE, D	
STREET ADDRESS	1601 CHESTNUT ST	
CITY-ST-ZIP	PHILADELPHIA, PA 0	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	IRVAN, ROBERT P.	
STREET ADDRESS	1601 CHESTNUT ST	
CITY-ST-ZIP	PHILADELPHIA, PA 0	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
George D. Mulligan, Corporate Secretary

4-13-99

Date

215-761-2907

Daytime Phone #

CR2E034 (11/98)